HOLDEN
Holden Oil, Inc.

PROPANE # _____

OIL # _____

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

_____
**CUSTOMER NAME**

_____
**CUSTOMER ADDRESS**

**Financial Institution Information**

From Account #_____

Account Title _____

Bank Name _____

Address _____

_____

Bank Routing and Transit # (ABA) _____

Amount $ _____

**Processing Options** (PLEASE CHECK ONE)

Every 15th of the Month(or 1st business day following) _____

Following every Transaction _____

Specific Date(s) Please list _____

I (we) hereby authorize Holden Oil, hereinafter called COMPANY, to initiate debit entries to my ☐ Checking, ☐Savings (please check one), indicated above at the Depository Institution named above, hereafter called DEPOSITORY and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I also further agreed that these accounts remain subject to their individual terms and conditions, rules and regulations at their respected financial institutions.

This authorization is to remain in full force and effect until Holden Oil has received written notification from me (or either of us) of its termination. The notification must be in such time and in such manner as to afford Holden Oil and the Depository Institution a reasonable opportunity to act on such request.

Written notification must be sent to: Holden Oil INC
91 LYNNFIELD ST
PEABODY MA 01960

Please Note: **On Joint Accounts, all owners are required to sign below**

_____ _____
Account holder name Account holder name

_____ _____
Account holder signature Date Account holder signature Date